

General

Title

Nursing care: percentage of errors in medication reported.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of errors in medication reported.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Errors in the administration of medication are the most common incidents in the intensive care unit (ICU); these errors increase morbidity, mortality, stays, and costs. Communicating these errors enables action to be taken to prevent them.

Evidence for Rationale

Fraile Gallart MJ, Lacasa D  az C, Santo Font MM, Mart  nez Cutillas J, Roure Nuez C, Llad  s Dom  nguez M, et al. Programa de garant  a de calidad en el Servicio de Farmacia del Hospital de Barcelona (II). *Farm Hosp*. 1998;22(6):271-8.

Holzmuller CG, Pronovost PJ, Dickman F, Thompson DA, Wu AW, Lubomski LH, Fahey M, Steinwachs DM, Engineer L, Jaffrey A, Morlock LL, Dorman T. Creating the web-based intensive care unit safety reporting system. *J Am Med Inform Assoc*. 2005 Mar-Apr;12(2):130-9.

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC). Adverse incidents and events in intensive care medicine. Safety and risk factors for critically ill patients. SYREC 2007. Madrid (Spain): Ministry of Health and Social Policy; 2009.

Valentin A, Capuzzo M, Guidet B, Moreno R, Metnitz B, Bauer P, Metnitz P, Research Group on Quality Improvement of the European Society of Intensive Care Medicine (ESICM), Sentinel Events Evaluation (SEE) Study Investigators. Errors in administration of parenteral drugs in intensive care units: multinational prospective study. *BMJ*. 2009;338:b814. [PubMed](#)

Primary Health Components

Nursing care; medication errors

Denominator Description

Total number of administrations of medication (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Total number of errors in medication reported (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health

Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of administrations of medication

Note:

Total number of administrations: Derived by calculating the mean number of patients in the intensive care unit (ICU) in one year and the mean number of administrations of medication per patient (approximately 15 administrations per day).
Population: All patients admitted to the ICU during the period reviewed.

Exclusions

Adverse reactions to medication

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Total number of errors in medication reported

Error in medication: Errors occurring in any of the phases involved in the use of the medication.

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Paper medical record

Other

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: 5%

Evidence for Prescriptive Standard

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Identifying Information

Original Title

Medication errors in the ICU.

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Nursing Care

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

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NQMC Status

This NQMC summary was completed by ECRI Institute on March 20, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)

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